

Staphylococcal Infections

Information for
School Athletic Departments

By TDH Infectious Disease
Epidemiology and Surveillance Division

Antibiotic-resistant bacteria currently pose a significant health threat. Since the summer of 2002, outbreaks of skin infections caused by antibiotic-resistant bacteria have been reported in sports teams including wrestling, volleyball, and most frequently, football teams. The development of resistance to any antibiotic is dependent on many factors, including the widespread use of antibiotics, not taking all of the prescribed antibiotics, sharing antibiotics, or inappropriate prescribing. While the situation is alarming, everyone can help in the effective control and prevention of antibiotic resistant infections. This information is provided to assist you specifically in the control and prevention of staphylococcal (commonly called staph) infections. However, these measures are

See [MRSA](#) page 9

New Texas Immunization Requirements

5th Dose of DTaP vaccine required

By executive order of the Governor, on August 7, 2003, the Texas Board of Health approved emergency rules that require an additional dose of diphtheria-tetanus-acellular pertussis (DTaP) vaccine for children 3 years and 4 years of age. Children 18 months through 3 years of age are required to have 4 doses of DTP/DT/DTaP, and children 4 years of age are required to have 5 doses (the fifth dose is not necessary, however, if the fourth dose in the series was given on or after the fourth birthday). This new vaccine requirement is effective immediately and may apply to some pre-kindergarten and kindergarten students this school year. TDH expects all public and private schools to enforce this requirement in addition to all other age-appropriate vaccine requirements. For more info contact Monica Gamez, TDH Immunizations Division, at 1.888.963-7111 ext. 6470, or send email to: monica.gamez@tdh.state.tx.us.

Exemption from Immunizations for Reasons of Conscience

As a result of the passage of House Bill 2292 of the 2003 Texas Legislative Session, Texas statutes have been amended to allow individuals to obtain exemptions from immunizations for "reasons of conscience including a religious belief." The following are some important things to know about this new law and how it may impact schools:

- The law goes into effect September 1, 2003, and therefore is not in effect when most schools begin the fall semester in August.
- The Texas Department of Health (TDH) must develop the one acceptable form to be used.

See [Immunizations](#) page 11

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Medicaid Administrative Claiming

Changes that Affect Schools

Centers for Medicare and Medicaid Services (CMS) is part of the Department of Health and Human Services and is the federal agency responsible for administering the Medicare, Medicaid, State Children's Health Insurance Plan (CHIP), Health Insurance Portability and Accountability Act (HIPAA), Clinical Laboratory Improvement Amendments (CLIA) and several other health related programs. Readers may be more familiar with CMS under its former name, Health Care Financing Administration (HCFA).

In late May of 2003 CMS issued the final version of the manual entitled "Medicaid School-Based Administrative Claiming Guide." This is one of several school-specific publications that CMS will be issuing. Changes to the policy relating to "Skilled Professional Medical Personnel (SPMP)" are included in this guide, which can be found at www.cms.gov/medicaid/schools/clmguide.asp. These changes will affect reimbursements to schools. The organization responsible for handling a school district's claims should provide training to district staff on these changes. Several consortiums and contractors work with Texas schools on MAC. For questions regarding this matter, the first contact should be the consortium or contractor that handles claims for the school district.

For more info: In Texas, MAC is overseen by Texas Education Agency (TEA) Interagency Coordination and the Texas Department of Human Services (DHS). For more information on MAC contact Theresa Zeis, DHS, at 512.438.3348 or theresa.zeis@dhs.state.tx.us. Or visit the DHS website at www.bms.dhs.state.tx.us. From this page select MAC from the menu bar on the left. The TEA Interagency Coordination Office can be reached at 512.463.9283. ■



Letter From the Editor

**Michelle McComb, MSN, RN, Coordinator
TDH Adolescent and School Health Program**

Whether you are joining a campus faculty as a new school nurse this fall or you are returning as a seasoned professional, it is important that you become part of the education team. Sure you make a contribution each time you encounter a student, parent or staff member, but what I hear from most of you is that you want to know that what you do day in and day out truly matters on a grander scale. And you also want school administrators to recognize that health services do contribute to the overall mission of the district—educating kids! I've found opportunities to talk with a few superintendents of schools in Texas and have collected some of their suggestions.

- ✎ Familiarize yourself with the culture and group norms. Observe how participants treat each other. Learn who the power brokers are. People with formal titles don't necessarily have all the power. Look for the informal leaders as well. Just as you are observing, be aware that others are watching you.
- ✎ Be prepared to explain what you do. Don't assume that everyone knows. In fact, most educators don't know much about nursing practice at all. Their views are often limited. Broaden it!!
- ✎ Build trust and credibility. Become the E.F. Hutton of Health Services. Be certain that when you talk, it is important enough so that others will listen. Often what you don't say is equally important.
- ✎ Know your resources and direct others to them.
- ✎ Exceed expectations!
- ✎ Make small strategic moves (as the late Mattye Glass told us, "mountains can be moved one spoonful at a time").
- ✎ Build alliances. Know your internal and external partners. TDH is ready to be at the top of your list of external partners!
- ✎ Be prepared with information and data to support your recommendations. Anecdotal stories can help bring the point home, but don't rely solely on emotional persuasion.

See [Letter from Editor](#) page 11

Texas School Nurse Organization

New Opportunity for Texas School Nurses

By Becky Rendon, MSN, RN

On April 12, 2003, school nursing leaders from all regions in Texas were invited to attend an organizational meeting for the Texas School Nurses Organization (TSNO). This organization's purpose is to represent school nurses, their needs and concerns; provide education and networking opportunities; and advocate for the health needs of school children in Texas. A slate of interim officers was elected. Serving as Interim Executive Committee are: Becky Rendon, President; Carole Moore, President-Elect; Darnell Dingle, Secretary; Susan Luethold, Treasurer; Pam Burke, NASN Director; Gretchen Kuempel, Nominations Coordinator;

See [TSNO](#) page 11



Thank you to the Texas Health Foundation for providing the funds for printing and mailing of this issue of the Texas School Health Bulletin.

New National Guide for Care of Students with Diabetes

The National Institutes of Health (NIH) and the Centers for Disease Control and Prevention have collaborated to create Helping the Student with Diabetes Succeed – A Guide for School Personnel. This publication is a comprehensive guide designed to ensure a safe learning environment and equal access to educational opportunities for all students with diabetes. According to the National Diabetes Education Program, the new guide will be mailed to every school district in the nation. (The date of mailing is not known at this time.) It includes a general overview of the guidelines for school personnel; actions for school personnel, parents and students; tools for diabetes management; school-related federal laws; and an appendix with a resource list, glossary, and an ADA position paper. There is specific information on the roles and responsibilities for individual school personnel to ensure quality care throughout the school day, and sample diabetes medical management with quick reference emergency plans.

This publication is available on-line at www.ndep.nih.gov/materials/pubs/schoolguide.pdf. Or, call the NIH at 1.800.860.8747 to request a free copy. ■

NASN Offering Pediatric Education for Diabetes in Schools (PEDS)

The National Association of School Nurses (NASN) has developed a continuing education program for school nurses to assist with implementation of the new National Diabetes Education Program (NDEP) entitled Helping Students with Diabetes Succeed – A Guide for School Personnel. This program is entitled Pediatric Education for Diabetes in Schools (PEDS). PEDS is specifically for school nurses and provides teaching skills and tools needed to develop effective diabetes management strategies for school personnel as outlined in the NDEP guidelines. The PEDS curriculum complies with the NDEP document.

The PEDS unit addresses the school nurse's role as trainer and provides teaching tools, including the PEDS manual and teaching resources for unlicensed assistive personnel. The program can be used to present workshops for personnel as well as faculty/nurse in-services. PEDS features tools to help schools with development of health care plans, school policies, procedures and required forms.

The Texas Department of Health is seeking funds to work with NASN to provide this resource to school nurses in Texas.

For more info on PEDS, contact Nichole Bobo at nbobo@nasn.org or Vincy Dunn, RN, at vincya@aol.com. ■



The Texas Health Foundation

Supporting Programs to Improve the Health of all Texans

For fourteen years the Texas Health Foundation has promoted school health programming through their support of the *Awards for Excellence in Texas School Health*. The *Awards for Excellence* provides cash awards and recognition to Texas schools and districts that have implemented effective programs to address the health needs of students and/or staff. Although the Texas Department of Health administers the awards program, it is the Texas Health Foundation that provides the funding to make the awards program possible. The Texas Health Foundation provides approximately \$20,000.00 each year to support implementation of the *Awards for Excellence*.

The Texas Health Foundation, chartered in 1982, is a non-profit organization that supports the improvement of health care for all living in Texas. Through donations from organized support groups and individuals, the Texas Health Foundation has made, and will continue to make, an impact on many areas of health care, especially public health. The Texas Health Foundation:

- ✦ Benefits existing public health programs at the state, regional and local levels through seminars, conferences, workshops and recognition events on public health awareness, public health education and other public health initiatives.
- ✦ Sponsors fund-raisers for health programs.
- ✦ Co-sponsors conferences and workshops for public health professionals.
- ✦ Assists state, regional and local officials and public health program directors in planning, conducting, and administering public health events.

- ✦ Gives grants in support of public health initiatives.
- ✦ Seeks to sponsor and support statewide scholarship programs which help educate students and other young people about healthy life styles, healthy behavior, and health care careers in Texas.
- ✦ Supports research and education in public health.

These are a few of the ways in which the Texas Health Foundation is helping to save lives and improve the quality of life for all Texans. Through tax-deductible donations, groups or individuals can help the Texas Health Foundation to continue and increase these and other types of public health promotion in Texas. Donations not directed to a specific event or program are placed in the Texas Health Foundation's undesignated fund, in which case they will be utilized for current high priority health needs as determined by the Texas Health Foundation Board of Directors.

Good health is priceless and often taken for granted. Likewise, public health, when doing its job well, goes unnoticed and some times unattended until a crisis develops. The Texas Health Foundation is dedicated to building a better public health infrastructure to ensure a lifetime of health for all Texans. Those willing to donate their time, interest and monetary support can help the Texas Health Foundation to address critical public health needs and assist state, regional and local health officials in eliminating major health problems in Texas.

For more info about the Texas Health Foundation and the events and programs they support, or to find out how to become a member and/or submit a donation, contact the Texas Health Foundation at 512.451.9519 or email dvpthf@flash.net. Interested parties may also write to the Texas Health Foundation at P.O. Box 26886, Austin, Texas 78755-0886. ■

HIPAA - Impact on Schools

By Mary Jane Berry and John Scott, TDH HIPAA Project

Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) to reform and simplify the health care administrative processes. This new federal law may impact schools through HIPAA Electronic Data Interchange (EDI) and Privacy Regulations. These regulations apply only to those entities defined in the regulations as "covered entities." Covered entities under HIPAA are group and individual health care plans, clearinghouses, and providers who transmit health information electronically.

HIPAA Privacy Impact

Even though schools have always been very protective of confidential health information about students, schools may want to review their privacy practices in light of new federal privacy regulations. HIPAA Privacy Regulations are federal laws that govern the use and disclosure of confidential health information.

The HIPAA privacy regulations do not apply to health information in education records covered by the Family Educational Rights and Privacy Act (FERPA). However, school districts may be impacted if they provide health care to students and submit electronic transactions to receive payment from Medicaid or private insurers.

The enforcement authority for the HIPAA privacy regulations is the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. The Texas Department of Health (TDH) has no enforcement role for HIPAA, and no role in determining how HIPAA applies to schools. One excellent resource for schools is the Texas Association of School Boards (TASB). The TASB web site includes several informational articles describing the potential impacts of HIPAA on schools. Visit the TASB web site at www.tasb.org and search for "HIPAA," or visit the TDH HIPAA web site below for a direct link.

HIPAA Electronic Data Interchange (EDI) Impact
HIPAA requires covered entities that exchange covered electronic transactions to comply with national EDI standards. School Health and Related Services (SHARS) providers will be impacted. HIPAA eliminated all Medicaid local procedure codes and modifiers currently used. Effective for dates of service on or after October 16, 2003, the current codes used for SHARS will be discontinued and will be replaced with national codes. Please refer to Texas Medicaid 2003 HIPAA Special Bulletin No. 170 for a listing of the

See HIPAA page 10

Community Benefits of School Telemedicine

By Helen Reese, RN, BSN, Cuero ISD Health Service

When we think of school nursing, many times we entertain images of women impeccably groomed, wearing white starched nursing uniforms complete with nursing caps and hose, clearly on a mission. I remember seeing my own school nurse once or twice a year, glass thermometer in tow, dutifully wearing an antiseptic fragrance I can still recall. Her purpose was simple: make sure the well stay that way, send the sick home, and don't let the hooky players get away with anything. Those of us who are school nurses of the new millennium may appear to be more casual, wearing colorful scrubs and athletic shoes, but secretly, we are those same obsessive-compulsive, mission driven personae of fifty years ago—with two exceptions. Our scope of care has broadened tremendously, and our methodology has expanded to include user-friendly, cutting-edge technology.

Cuero ISD sits in a town of 6,700 people. The district serves several surrounding rural communities and is centrally located approximately ninety miles between San Antonio, Austin, and Corpus Christi. The town is proud of its progressive medical facilities, friendly small town charm, and of course, its Gobblers. While economic development looks good for the area, many residents travel from thirty to seventy-five minutes to work. The district also serves as the hub for the Dewitt-Lavaca Special Education Cooperative, attracting high numbers of medically fragile students from nearby communities.

Cuero ISD began utilizing telemedicine technology in one elementary school nurse's office three years ago as part of a pilot project funded by a Texas Telecommunications Infrastructure Gateway (TTIG) grant, in conjunction with Cuero Community Network, Cuero Community Hospital, Bohman Clinic, Cuero Medical Clinic, Texas General Services Commission, and HealthCare Vision, Inc—a Texas-based telemedicine company. In January of 2003, the telemedicine capabilities were expanded to include three other campuses

in the district, as well as two feeder districts, Westhoff and Meyersville.

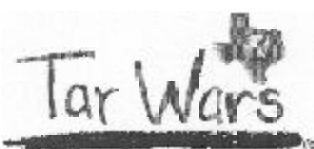
The technology serves as an extension or a tool that enhances nursing care within our school system. It allows nurses to assess students' health condition (i.e. asthma), record clinical data to be reviewed or compared at a later time, obtain consultation from local physicians interactively or for later review as indicated, and obtain necessary treatments with minimal time and expense. It also provides an avenue for nurses to record student data, i.e. height, weight, BMI, screening results, acanthosis nigricans indicators, respiratory analysis, etc., for long-term tracking.

Parents who have provided consent for telemedicine services are satisfied with this option because it usually ensures treatment more promptly than if they had to leave work to take their child to the clinic. Local clinics and pharmacies bill the student's insurance provider for treatment provided. The services alleviate unnecessary time lost from work for parents, minimize time lost from class for students, and prevent unnecessary clinic and ER visits.

School nurses find themselves with the opportunity to provide quality medical care for students, ease the demands of parents who are working and unable to take off, provide teachers with the assurance that their students have received medical evaluation, and still keep administrators content by reducing absenteeism. ■



Nurse Sandra Tate at Hunt Elementary in Cuero, Texas is examining a student using the HealthCare Vision school telemedicine system



Teaching Tobacco Prevention to Children

As you are reading this article, a child somewhere in our state is smoking a cigarette for the first time. Almost 90% of all tobacco users start before age 18. Many tobacco companies target children as young as 9 years old. One-third of teens using tobacco will die prematurely from a tobacco-related disease.

Tar Wars, an award-winning program of the American Academy of Family Physicians (AAFP), is a free, nationwide tobacco prevention education campaign targeting fourth and fifth graders. The mission of Tar Wars is to educate students about how to lead a tobacco-free lifestyle, make positive healthy choices and promote personal responsibility for their well-being.

The Tar Wars presentation takes place in the classroom and is an interactive approach to teach students about the short-term consequences and financial implications of tobacco use, reasons why people use tobacco and deceptive tactics used in tobacco advertising. The curriculum is consistent with the Centers for Disease Control and Prevention (CDC) *Guidelines for Tobacco-*

Free Schools. Since its inception in 1988, the Tar Wars Program has reached more than 2.5 million children worldwide. Community health professionals volunteer their time to present the one-hour, one-time tobacco awareness curriculum, followed by a poster contest.

The follow-up poster contest reinforces the Tar Wars message by encouraging students to creatively express what they learned about being tobacco-free. It is conducted at the school, state and national level. Tar Wars can serve as one component or building block of your school's comprehensive, tobacco-free education plan.

Classroom presentations: The Tar Wars program will be conducted in Texas schools in September, October, November and December of 2003, and January, February and March of 2004.

For more info about Tar Wars or to register on-line to be a Tar Wars presenter or to receive a Tar Wars presentation in your elementary school, visit: www.tdh.state.tx.us/otpc/tarwars. ■



Welcome Anita Wheeler!

New TDH
School Nurse Consultant

We are pleased to announce that Anita Wheeler, RN, BSN, has joined the Texas Department of Health (TDH) staff in the Adolescent and School Health Program. Anita is a familiar face in school health, as her most recent position was serving ESC Region 15 as the School Health Specialist for the past 8 years. Anita has participated in the All Well Institute planning team, serves on the board and is a former president of the Texas School Health Association, and is an active volunteer for the American Cancer Society. She has also served as a member of the American Academy of Pediatrics – Health Education Expert Panel, the American Heart Association as a School Site Committee Member for the Texas Affiliate, and numerous other local boards and coalitions to address children's health issues.

Anita's responsibilities will include oversight and coordination of the Texas School Health Network and providing technical assistance and customer service relating to school health issues (with a focus on school health services). Additionally, Anita will facilitate stakeholder involvement in TDH school health activities.

Anita received her Associate of Science and Bachelor of Science degrees in Nursing from the Angelo State University. Her professional experience includes working as a dialysis technician at St. John's Hospital, Plasmapheresis Coordinator at Angelo Pheresis Center, an obstetric office nurse, pediatric office nurse, and parent educator. Anita has served as Regional Coordinator of the TEA statewide HIV Prevention Education Project and State Coordinator for Education Development for Health and Physical Education. Anita is a TDH-certified spinal screening trainer and vision and hearing screener.

Anita officially began her duties at TDH on July 28, 2003. You can reach Anita at 512.458.7111, ext. 2909 or by email: anita.wheeler@tdh.state.tx.us. ■

STATEMENT FROM THE TEXAS ASSOCIATION OF SCHOOL NURSES

On February 19, 2003, on advice of counsel, the Executive Committee of the Texas Association of School Nurses (TASN) voted to file a petition for liquidation of the Association under Chapter 7 of the United States Bankruptcy Code. The petition was filed on February 20, 2003, in Houston, Texas. The assets of the Association will be delivered to a trustee in bankruptcy and applied to the payment of the Association's debts as determined by law. All pending claims by or against the Association are stayed by the filing of the bankruptcy petition and will proceed as decided by the trustee. Such claims include, as of the date of the filing of the bankruptcy petition, a lawsuit involving the failure of the Association's independent convention planner to pay certain bills for the Association's 2001 annual convention. It was this failure that rendered the Association insolvent.

The Regional Presidents of the former Texas Association of School Nurses received this statement in March and were requested to inform their regional members.

Surfing the Web

School Health Resources On-Line

Sharps Disposal Service via Mail

Medical professionals who generate small amounts of medical waste can save money by mailing sharps for disposal in safe sturdy containers provided to them for this purpose. www.sharpsdisposal.com
www.safeneedledisposal.org

Starbright Asthma CD-Rom: *Quest for the Code*

A very cool interactive computer game that combines asthma management information into a story with 3D graphics and animation to help children better understand asthma. Available free to schools.
www.starbright.org/

MADD – *Driven* Publication

MADD's mission is to stop drunk driving, support victims of drunk driving, and prevent underage drinking. MADD's free online publication *Driven* keeps you up-to-date and provides resources on these important topics.
www.madd.org/news/0,1056,6703,00.html

Diabetes Care Tasks at School:

What Key Personnel Need to Know

Comprehensive training modules (that can be used on-line or downloaded) designed to train school staff in planning and providing for students with diabetes.
www.diabetes.org/main/community/advocacy/school/schooltraining.jsp

Helping Children/Youth with RSD/CRPS Succeed in School

The Reflex Sympathetic Dystrophy Syndrome Association of America (RSDSA) has published a brochure to guide parents, school nurses, teachers and administrators in making accommodations in the school setting to help students in chronic pain to succeed in school. This free brochure, available at the website below, provides simple ways to make the school environment more tolerable for students with Reflex Sympathetic Dystrophy Syndrome (RSD), also known as Complex Regional Pain Syndrome.
www.rsds.org

Growing Up with Scoliosis – A Young Girl's Story

Written by Michelle Spray, this book, recommended by the National Scoliosis Foundation, is a personal, comprehensive account of the author's experience growing up with scoliosis. Ms. Spray begins with her school screening and takes readers through her challenges with long-term brace treatment and eventual surgery for scoliosis. The book can provide insight and inspiration to teens diagnosed with scoliosis. For more info or to order the book visit:
www.havingscoliosis.com

Texas Pediatric Society Foundation

Partnering with the *Awards for Excellence in Texas School Health*

Funding for School Health Programs

The TDH School Health Program is excited to announce that the Texas Pediatric Society (TPS) Foundation will be funding **three additional** cash awards for the *Awards for Excellence in Texas School Health*. The TPS Foundation is looking for schools and/or districts that have developed model programs to promote nutrition, physical activity and prevent obesity among adolescent students. If your school or district has implemented a program to address this or any other area of health promotion for students or staff, you should apply for an *Award for Excellence*!

More Awards

The TPS Foundation awards are in addition to the other eight cash awards (in amounts from \$1000 to \$1500) that the *Awards for Excellence* gives to schools or districts with effective health programs in place. These are provided by the Texas Health Foundation, which sponsors the *Awards for Excellence* (see article on the Texas Health Foundation on page 3).

Scholarships to the All Well Institute

The TDH School Health Program has added a new type of award for school districts that apply for the *Awards for Excellence*. Two district applicants will win scholarships to attend the All Well Institute. The Texas Health Foundation provides the funding for this scholarship, which includes registration and lodging for six district health advisory council members and/or district staff to attend the conference.

The All Well Institute is a unique, inspiring conference geared toward raising awareness for comprehensive school health. The conference is for parents, school personnel, and community leaders in Texas with an interest in coordinated school health programming. Districts that attend All Well will gain knowledge and tools to enhance and broaden the impact of their health programming. All Well takes place every summer at the Camp Allen Retreat Center near Navasota, Texas. For more info on the All Well Institute, contact Shelley Summers at 512.919.1726 or email shelley.summers@cancer.org.

Applying is easier than ever!

Although there are now three types of awards available, applicants need only complete one application to be considered for all of them. Furthermore, you can complete and submit award proposals on-line at: www.tdh.state.tx.us/schoolhealth/awards.htm. This year's application will be available on-line by the end of September. The tentative deadline for submitting proposals will be in March 2004. This gives you plenty of time to complete an application!

For more info on the *Awards for Excellence*, visit the website above or contact Ernesto Marquez, TDH School Health Program, at 512.458.7111 ext. 2140 or ernesto.marquez@tdh.state.tx.us. ■



The Texas Pediatric Society (TPS) Foundation is the philanthropic creation of the Texas Pediatric Society. TPS, founded in 1929, is a professional non-profit organization of more than 2,800 pediatricians and 600 medical students.

The TPS Foundation's mission is to support research, education and community service projects that improve the health, safety and welfare of children and adolescents in Texas. The TPS Foundation collaborates with other groups and organizations that share a strong commitment to this mission.

One of the most current, critical medical issues identified by Texas pediatricians is childhood and adolescent obesity. Identifying and recognizing schools or school districts that implement innovative programs to combat childhood and adolescent obesity is just one of the ways the TPS Foundation contributes the particular knowledge, skills and experience of Texas pediatricians to the community, according to Robert Wiebe, M.D., president of the TPS Foundation.

For more info on the TPS Foundation, contact Frank Walsh, Executive Director, at 512.478.9923 or walsh@airmail.net.

The Most Commonly Asked Questions about Anaphylaxis – Part 4

The following is reprinted with the permission of the Food Allergy and Anaphylaxis Network. These questions and answers, provided by Robert Wood, M.D., originally appeared in the Fall 2002 Food Allergy News – Special Issue for School Nurses, printed by the Food Allergy and Anaphylaxis Network.

If a child has asthma and a history of anaphylaxis should you give asthma treatment following administration of epinephrine before going to the ER?

Generally, this would not be recommended. While asthma treatment might provide some added relief, it does not justify delaying the trip to the emergency room. In addition, epinephrine is a very good asthma medication so additional treatment might not be necessary or helpful anyway.

Does CPR help during an anaphylactic reaction?

CPR could be helpful in treating anaphylaxis, although our hope is that it would not be necessary. CPR is a last resort to be used when breathing has stopped, the heart has stopped, or the blood pressure has fallen too low. If anaphylaxis is treated properly, there is very little chance that any of these things would happen.

Can you overdose on epinephrine?

Overall, epinephrine is a very safe drug. We used to use epinephrine routinely to treat asthma attacks so we have a great deal of experience with it. In fact, the normal protocol to treat asthma in the days before

See Anaphylaxis page 11

Effect of Hand Sanitizers in Preventing Spread of Disease in Schools

This letter is reprinted with the permission of the National Association of School Nurses (NASN). It was distributed to members of the NASN in May 2003. Current President Dr. Janis Hootman, RN, adds, "While NASN does not endorse specific products or programs, we are dedicated to sharing promising research that supports the health of children."

May 2003

Dear Members:

As school nurses, we see first hand the impact of illness on school attendance. Every day more than 900,000 students in grades K-12 miss school due to illness, especially during the cold and flu season. Most of the illnesses responsible for school absenteeism are infectious, and thus can be prevented through proper hand hygiene. Health experts estimate that 80% of infectious diseases are spread by hand contact, not through the air by coughs and sneezes as commonly believed. Nurses know the importance of proper hand hygiene in breaking the chain of infection. This is an important message for students and teachers alike. Equally important is providing them with easy-to-use and effective tools that may improve their health and reduce absenteeism.

The purpose of this letter is to share with you the growing evidence that supports the importance of proper hand hygiene in reducing school absenteeism:

- NASN conducted a multi-school study in 2001, "Comparison of Hand Washing and Hand Sanitizers in Reducing Absenteeism in School Age Children," funded by GOJO Industries. This study compared the effectiveness of soap and water versus instant hand sanitizers in reducing absenteeism of school age children (N=383) over the winter months. Although no significant differences in the amount of absenteeism was shown between the groups, teachers preferred hand sanitizers over soap and water. They reported: 1) it was less messy, 2) there was less lost classroom time, and 3) there was higher student compliance. The study was presented at the NASN Annual Conference in 2002 and is being submitted for publication in a peer-reviewed journal.
- An elementary school study published in the October 2000 issue of the *American Journal of Infection Control* found that adding an alcohol-based instant hand sanitizer in the classroom reduced student absenteeism by 20 percent as compared to classrooms whose students did not use instant hand sanitizers. Six thousand students in five states participated in the study.
- A study on the effect of a comprehensive hand-washing program on absenteeism in elementary schools was published in the 2002 issue of the *American Journal of Infection Control*. The study found a 50.6 percent reduction in absenteeism among students who followed the program (participated in hand hygiene educational activities and were instructed to use an alcohol-based hand sanitizer) as compared to students who did not follow the program.

Clearly, giving attention to proper hand hygiene and providing access to soap and water or alcohol-based hand sanitizers can reduce the spread of infection among populations in group settings.

We urge you to share this information with parents, teachers and school administrators in your district, with a goal of preventing infection and reducing absenteeism in your schools.

Help your school make hand hygiene a priority by educating teachers, parents and students about:

- the role of hand hygiene in preventing infection and reducing absenteeism
- the techniques for effective hand hygiene (e.g., proper hand washing techniques, proper use of alcohol-based instant hand sanitizers)
- the importance of providing proper hand hygiene tools for school-age children (e.g., working soap dispensers and towels, alcohol based instant hand sanitizer dispensers or portable bottles)

For additional information about the latest research on hand hygiene and the CDC guideline visit www.healthyhandsusa.com.

Sincerely,

Linda Wolfe, RN, NCSN,
President, NASN

(**Editor's Note:** Ms. Wolfe's tenure as President of NASN ended July 1, 2003. Dr. Janis Hootman, RN is the current president.)

USDA Child Nutrition Programs Relocated

The U.S. Department of Agriculture Child Nutrition Programs, formerly located at the Texas Education Agency, has moved to the Texas Department of Agriculture (TDA). The federal programs provide funding and nutritional guidelines and services for public schools in Texas. TDA becomes the administering agency for the programs, which will be located in TDA's Food and Nutrition Division. For additional info, contact John Perkins, Assistant Commissioner, Texas Department of Agriculture, Food and Nutrition Division at 512.463.2076 or visit: www.agr.state.tx.us.

Study on School Closures to Prevent Spread of Influenza

The Texas Department of Health (TDH), the Texas Education Agency (TEA), and the Centers for Disease Control and Prevention (CDC) are partnering on an important public health investigation regarding influenza. These agencies are investigating whether school closure is a cost-effective method for preventing the spread of influenza among school children.

During the 2002-2003 influenza season (October to May), Texas schools were heavily affected by influenza and many suffered low attendance rates. A total of 90 schools or school districts in 68 counties closed for one or more days during the flu season. There was a total of 270 (or more) school days lost to high absentee rates. According to the TEA these closures were unprecedented. An estimate of the cost of these absences has not been made. Most schools/districts closed in the hope of decreasing the spread of influenza. Presently, there is no research to support the idea that school closures are an effective intervention.

The Texas study will involve counties that have both laboratory confirmed influenza activity and school closures for low attendance during the flu season. Information from every selected school district is critical for the study. Attendance data from each school/school district from December 1, 2002 through February 28, 2003 is needed. Dr. Swati Avashia is serving as the lead investigator for this study. Dr. Avashia is the Epidemic Intelligence Service Officer from the CDC working with the TDH. She may

be contacted at 512.458.7676 or at the email address below. Data collected can be submitted electronically to Dr. Avashia at: swati.avashia@tdh.state.tx.us

For additional information on influenza and the 2002-2003 flu season please view the TDH web page at: www.tdh.state.tx.us/ideas/factsht/flu02.htm. Peggy Wright, RN or Neil Pascoe, TDH Epidemiologist may be contacted at 512.458.7676.

Texas Health Alert Network Expanding to Include School Nurses

The Texas Department of Health (TDH) has expanded the Texas Health Alert Network (THAN) to include Texas school nurses. THAN is a web-based portal that distributes health-related alerts and other vital info via email, cell phone, pager, and/or HF radio, to health care providers and first responders throughout the state. School safety is a critical component in homeland security and public health. The addition of school health service providers in the network will increase the likelihood of critical info regarding health and safety issues reaching decision makers within minutes.

The Health Alert Network is a Center for Disease Control initiative being implemented at the state-level. It typically includes public health employees, law enforcement, private physicians, pharmacists, hospitals, medical schools, health associations, and other potential first responders. District/school chief administrators are included in the network. Through the THAN, health information can be distributed across the state instantaneously.

THAN administrators do not send all messages to all contacts. If and when alerts are sent, the applicable audience will be determined.

To be included as a contact in the THAN, send the following info via email to ernesto.marquez@tdh.state.tx.us. On the email subject line, type **For Texas Health Alert Network**. Include your name, medical licensure (RN, LVN, etc.), job title, school, district, county, campus mailing address, email(s), cell phone (optional), pager (optional), fax (optional), work phone, and home phone (optional). Label the above fax and phone entries. The THAN sends test messages out quarterly to certain par-

ties in the database. You may or may not receive a test message.

For help submitting your info, contact Ernesto Marquez, TDH School Health Program, at 512.458.7111, ext. 2140. For more info on the THAN, contact either Michael McElwain, TDH, at 512.458.7111, ext. 3470 or Glen Bason, TDH, at ext. 6816.

Media Campaign Targets Teens at Risk for STDs

The Texas Department of Health (TDH) will be airing public service announcements promoting the awareness of sexually transmitted diseases (STDs) on Houston-area radio and TV stations beginning September 15. Key goals of this five-week media campaign are to increase awareness of the asymptomatic nature of many STDs and the need for testing among sexually active adolescent girls. The campaign also highlights the high prevalence of STDs among sexually active teens. Many STDs can cause serious health problems—pelvic inflammatory disease, infertility, ectopic pregnancy and increased risk for HIV infection—if they are not detected and treated early. The radio and TV spots used for the campaign were developed for TDH by Sherry Matthews Advocacy Marketing and have previously aired in Dallas/Fort Worth and Tyler/Longview. For more information about the campaign, or to find out more about STDs, please call the toll-free Texas HIV/STD InfoLine at 1.800.299.2437.

TDH Introduces HIV/STD Community Calls Program

The toll-free Texas HIV/STD InfoLine recently unveiled its "Community Calls" program, allowing classrooms and other groups to learn more about HIV/AIDS and other sexually transmitted diseases (STDs) by placing a group call to the InfoLine. Through the use of a speakerphone, participants can have HIV/STD-related questions answered by a health information specialist at the Texas Department of Health (TDH). Participants also learn that they can call back, in private, to discuss more personal concerns. Community Calls are free, but must be scheduled ahead of time. To schedule a call or learn more about this program, please call the Texas HIV/STD InfoLine at 1.800.299.2437.

MRSA...

effective against almost all infectious diseases.

Staphylococcus aureus

Staphylococcus aureus (commonly called staph or staph aureus) has long been

Hand washing is the single most important behavior in preventing infectious disease. Emphasize this to your athletes. Hands must be clean before you touch your eyes, mouth, nose, or any cuts or scrapes on the skin. You are the role model – wash your hands or use an alcohol-based hand sanitizer frequently.

recognized as a common cause of boils and soft-tissue infections as well as more serious conditions such as pneumonia or bloodstream infections. According to the Centers for Disease Control and Prevention (CDC), twenty to thirty-five percent of adults and children in the United States are “colonized” with *Staphylococcus aureus*—the bacteria are present but do not cause illness. Most infections occur through direct physical contact of the staphylococci with a break in the skin (cut or scrape). Inanimate objects such as clothing, bed linens, or furniture may also be a source of infection when they become soiled with wound drainage and a noninfected person then comes into contact with the drainage. If there is no break in the skin, contact with infected persons or articles may result in colonization. Susceptibility to infection depends on factors such as immunity and general state of health. These infections typically have been easy to treat with an inexpensive, short course of penicillin, cephalosporin, or other usually well-tolerated antibiotics.

Methicillin resistant

Staphylococcus aureus (MRSA)

A MRSA (often pronounced *mer-sa*) infection, unlike a common *Staphylococcus aureus* infection, cannot be treated with the penicillins, including *Keflex*, dicloxacillin, *Augmentin*, or other methicillin-related antibiotics. Consequently, the treatment is often longer, more expensive, and more complicated, with frequent recurrence of infections. Only vancomycin has remained effective. However, the CDC recently reported the first two cases of vancomycin-resistant *Staphylococcus aureus* infections. This underscores the need for aggressive

control and prevention measures for all antibiotic resistant organisms.

Originally, MRSA was confined to hospitals and long-term care facilities. In the past few years, sporadic reports of MRSA not associated with the healthcare environment have been confirmed. In the past twelve months, the Infectious Disease Epidemiology and Surveillance Division (IDEAS) of the Texas Department of Health has noted an increasing number of reports of MRSA from local and regional health departments, the public, physicians, and school districts. Although MRSA is not a new type of infection, these infections have seldom been reported from the community. The following prevention and control measures are effective against staph infections (including MRSA) as well as many other infectious diseases.

Prevention Strategies

Hand washing is the single most important behavior in preventing infectious disease. Emphasize this to your athletes. Hands must be clean before you touch your eyes, mouth, nose, or any cuts or scrapes on the skin. You are the role model – wash your hands or use an alcohol-based hand sanitizer frequently.

Handwashing Procedure

- 1) Using warm water, wet hands and wrists.
- 2) Using bar or liquid soap, lather and wash between fingers, up to wrists, and under fingernails for at least 15 seconds.
- 3) Dry, using a clean cloth towel or paper towel.
- 4) Provide and encourage the use of alcohol-based hand sanitizers to wash hands immediately if someone comes in contact with any body fluid on the playing field or at other places where hand-washing facilities are not available.

Wash hands as described above:

- After sneezing, blowing, or touching the nose
- After using the toilet
- Before leaving the athletic area

Other Precautions

- Do not share towels, soap, or other personal care items (not even sideline towels).
- Shower with soap and water as soon as possible after direct contact sports.
- Use a clean, dry towel.
- Ointments or antibiotics must not be shared.
- Prewash or rinse items that have been grossly contaminated with body fluids.
- Wash towels, uniforms, scrimmage shirts, and

any other laundry in hot water and ordinary detergent and dry on the hottest cycle.

- Inform parents of these precautions if laundry is sent home (laundry must be in an impervious container or plastic bag for transporting home).
- Clean the athletic area and sports equipment at least weekly using a commercial disinfectant or a fresh (mixed daily) solution of one part bleach and 100 parts water (1 tablespoon bleach in one quart of water).

Your facilities should introduce a policy in which students must inform the athletic trainer if they have a skin infection and in which students will not participate in contact activities until the athletic trainer has approved their return to the activity. Have the students and parents sign a release to that effect.

Recommendations

for Care of Draining Wounds

Consider a wound infectious if there is any purulent drainage (pus) from the wound, especially if accompanied by fever, redness or tenderness around the wound or if the person is receiving treatment for a wound that had pus drainage. Once the wound has no drainage and/or treating physician clears the athlete the person can be considered non-infectious.

Initial Precautions

- Treat any draining wound as a potential MRSA infection.
- Separate the infected athlete from direct physical contact with other students.
- The student with an active infection must be evaluated by a physician or other advanced practice clinician (Nurse Practitioner or Physicians' Assistant).
- Inform the physician of the possibility of MRSA.
- Treat uncultured wounds as MRSA.

With the Athlete's Physician

The physician should perform a culture and susceptibility test to determine what bacteria the athlete has and what antibiotic will be the most effective with the fewest side effects. If the physician determines that the athlete does not have a bacterial infection, he or she will not receive an antibiotic. Antibiotics are not effective for nonbacterial infections. If an antibiotic is prescribed, the athlete must take all medication even after the infection seems to have healed. If a topical ointment is prescribed, it should be applied as directed. The athlete should follow all other directions as instructed by the physician. The physician must be informed if the athlete does not respond to treatment.

See [MRSA](#) page 10

HIPAA...

Continued from page 3

new national codes. Any updated information will be provided in later Medicaid bulletins, banner messages, Medicaid workshops or on the TDH HIPAA web site.

For additional information on HIPAA and how it relates to schools, please review the TDH HIPAA website:

www.tdh.state.tx.us/hipaa/default.htm. From above go to *HIPAA Info for Providers*, and

select *School Health HIPAA Info*. Return to this site above periodically and keep an eye out for additions. The TDH School Health Program is currently developing a list of questions and answers specific to schools for this website under the "schools" section. The TDH School Health Program can be contacted at 1.800.422.2956 or schoolhealth@tdh.state.tx.us ■

The TASB web site has several informative articles describing potential impacts of HIPAA on schools

www.tasb.org/texas_lonestar/2003/jan_feb/lgl_information.shtml

Anaphylaxis...

Continued from page 6

inhalers and nebulizers was to give three shots of epinephrine every 15 minutes! It worked well and, although minor side effects such as headache and shakiness were common, significant side effects were very rare.

The main exception is that people with heart or blood pressure problems may be at risk of more significant complications with epinephrine, especially if given too high a dose. We are, therefore, more cautious with the use of epinephrine in adults who are middle-aged, or older. Talk to your doctor if you have any questions about how much epinephrine to use.

What is considered a "delay" in administering epinephrine?

In some instances, even a few minutes could be too long a delay. However, for most reactions, epinephrine will be effective if it is administered in the first 5 to 10 minutes of the reaction. In cases of fatal anaphylaxis, it appears that a delay of more than 30 to 60 minutes was associated with the fatal outcome. These cases suggest that epinephrine may become less effective if the reaction has become too severe before it is administered.

Can anaphylaxis have symptoms in one area only?

Absolutely. Anaphylaxis can involve one or more organ system, either alone or in combination. These include the skin, the gastrointestinal tract, the respiratory tract, and/or the cardiovascular system (the heart and blood pressure).

When only one system is involved, it is most likely to be isolated to the skin. However, one issue of particular concern is that many cases of severe and fatal anaphylaxis involve the respiratory system first, with no signs of a reaction elsewhere.

References and materials:

Anaphylaxis in Schools and Other Childcare Settings; American Academy of Allergy, Asthma & Immunology: www.aaaai.org/members/academynews/1998/10/positionstatement.stm

Epinephrine Use in Life-Threatening Emergencies; National Association of School Nurses: www.nasn.org/positions/Epinephrine.htm

The Role of School Nurses in Allergy/Anaphylaxis Management; National Association of School Nurses: www.nasn.org/positions/allergy.htm

School Guidelines for Managing Students with Food Allergies: www.foodallergy.org/school.html

For more info call the Food Allergy and Anaphylaxis Network at 1.800.929.4040 or visit www.foodallergy.org ■

MRSA...

Continued from page 9

At School

- Instruct the athlete to carry and use an alcohol-based hand sanitizer when soap and water are not available.
- Do not allow athletes with draining wounds or infections to participate in practice or games until the wound has stopped draining. Because MRSA may be difficult to treat, this may be a few weeks or longer.
- Permit the athlete to participate in non-contact activities if wounds are covered and the infected person observes good hygienic practices—washing hands, showering, and laundering clothes.
- Clean sports equipment or any part of the athletic area that comes in contact with the wound with commercial disinfectant or fresh solution of diluted bleach before any other athlete comes in contact with the equipment or area.
- Athletic trainers or others who care for the wound should use clean nonsterile gloves
- Put on clean gloves just before touching broken skin.
- Remove gloves promptly after use and discard before touching uncontaminated items and environmental surfaces and before treating another athlete.
- Wash hands immediately after contact with the wound even if gloves were worn.
- Wash hands between tasks and procedures on the same athlete to prevent cross-contamination of different body sites.
- Cover treatment tables and discard or launder coverings after each use.
- Place disposable items that have come in contact with the infected site in a separate trash bag and close the bag before placing in the common garbage.
- Do not give other team members prophylactic antibiotics.

Additional Sources of Information

When in doubt of the correct procedure to follow, contact your local or regional health department, the Infectious Disease Epidemiology and Surveillance Division of the Texas Department of Health, or your healthcare provider.

For instructions on how to care for wounds at home, visit www.tdh.state.tx.us/ideas/antibiotic_resistance/mrsa/school_athletic_departments.asp

Additional info on bacteria, antibiotics, resistant organisms, disinfection, wound healing, and other treatment for infections can be found in local libraries or online:

Texas Department of Health

www.tdh.state.tx.us/ideas/factsht/factsht.htm

Select *Antibiotic Resistance* then *MRSA*

Centers for Disease Control and Prevention

www.cdc.gov/ncidod/hip/ARESIST/mrsa.htm

www.cdc.gov/drugresistance/community

Other sources

www.ahrq.gov

www.tufts.edu/med/apua/Practitioners/RSMarticle.html ■

Letter from Editor...

Continued from page 2

- ✧ Don't be known as an advocate for a single issue.
- ✧ Discover the motives of others, especially the decision makers. While teachers and nurses are generally driven by altruism, others may be driven by dollars, power, influence, recognition, fear or a need to be included. Everybody is driven by something. See if you can speak to what motivates them.
- ✧ Make yourself indispensable—be a pleasant contributing partner to other departments in the district.

For example, you have expertise that is really quite rare in the school setting. It would seem natural that nurses would be consulted on many issues, yet this is not the case. Decisions that directly affect nurses and their responsibilities are frequently made without nursing involvement. I encourage you not to perceive every such oversight as a personal insult, but rather speak up and offer your ideas in a positive manner every time it happens. Gradually it will happen less often. For example, are school nurses hired by the nursing administrator in your district? (Does your district have a health services coordinator or lead nurse?) Are nurses represented on the interview team? If not, make formal and informal efforts this year to change this practice.

Does your district crisis management plan need to be developed or revised? Lend your specialized knowledge to this project. I cannot think of one crisis situation that wouldn't involve health issues in some way. Collaborate with your peers and colleagues whenever possible.

A coalition of multi-disciplinary professionals that focus on successful student performance rather than self-serving narrow agendas will be more successful and more readily accepted. The district's School Health Advisory Council (SHAC) is one way to build such a group. If your district doesn't have one, offer to serve as the facilitator and organize one! Even if a district SHAC exists, you can still join as a member and find ways to enhance its effectiveness. (Contact the school health specialist at your regional Education Service Center [ESC] for information about districts with effective SHACs in your region). It is more likely that recommendations made through the SHAC will actually be considered by the school board of trustees. Because of the passage of SB 1357, Section 28.004 of the Texas Education Code now reads (underlined text is new language added to the bill):

- c) The local school health advisory council's duties include recommending:
 - (1) the number of hours of instruction to be provided in health education;
 - (2) curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, and Type 2 diabetes through coordination of:
 - (A) health education;
 - (B) physical education and physical activity;
 - (C) nutrition services;
 - (D) parental involvement; and
 - (E) instruction to prevent the use of tobacco;
 - (3) appropriate grade levels and methods of instruction for human sexuality instruction; and
 - (4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district:
 - (A) school health services; (emphasis added)
 - (B) counseling and guidance services;
 - (C) a safe and healthy school environment; and
 - (D) school employee wellness.

Therefore, volunteer to coordinate the SHAC's efforts. They most likely will need a starting point, or a self-assessment of how the district is doing regarding each of the eight components. A strategic comprehensive school health plan can be developed by the SHAC and presented to the board. The ultimate result? A district goal such as "Provide a safe school environment that is responsive to students' physical, emotional and social well-being." It can happen! ■

Immunizations...

Continued from page 1

- Parents must contact TDH and request the form in writing at: Texas Department of Health, Immunization Division, 1100 West 49th Street, Austin, TX 78756.
- Schools have no responsibility or authority to provide forms to families.
- The form must be notarized in order to be considered complete and authentic.
- Each individual requesting an exemption must have their own form (families may not list all children on one form).

The full text of this bill is available on-line at www.capitol.state.tx.us. From this site, do a bill search under 78th Regular Session – 2003 and enter HB 2292. Section 2.160 pertaining to immunizations can be found on page 258 of the PDF version of the bill.

For more info on either the new DTaP requirement or the exemption from immunizations for reasons of conscience, contact Monica Gamez, TDH Immunizations Division, School Compliance, at 512.458.7284 or 1.800.252.9152 or monica.gamez@tdh.state.tx.us. Info is also available on-line at: www.tdh.state.tx.us/immunize/school_exclusion.htm#conexempt ■

TSNO...

Continued from page 2

Gwen Johnson, Professional Development; Pat Klinkerman, Conference Local Site Chair; Carolyn Bass-Bailey, Marketing; Frances Brown, Publications; and Linda O'Leary, Website Liaison.

The Committee prepared bylaws in accordance with National Association School Nurses (NASN) guidelines. These proposed bylaws were forwarded to NASN with an application for TSNO to be an NASN affiliate in May 2003. NASN subsequently accepted TSNO as a unified affiliate at their Board meeting on June 25, 2003. The Committee has also secured the incorporation of TSNO effective July 7, 2003.

As a unified affiliate of NASN, TSNO membership will be managed and processed by NASN. Membership information will be coming shortly from NASN. Dues will be \$120 per year and will include NASN dues of \$70, TSNO dues of \$40, and Regional dues of \$10. These are payable by cash, check, or credit card. Regional Presidents or the Interim Executive Committee can be contacted for info on unification and its many benefits to the organization and members.

TSNO is planning its first annual conference to be held in Houston, at the Marriott Hobby, November 7–9, 2003. Please mark your calendars to attend this exciting event. A pre-conference is being planned for Friday with the conference opening and exhibits that evening. We look forward to seeing you there!

For more info write to TSNO: P.O. Box 781374, San Antonio, TX 78278-1374. ■



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**Send your name, title,
mailing address, email
& phone to:**
schoolhealth@tdh.state.tx.us
or call
512-458-7111 ext. 2140

School Nurses *Going Above and Beyond...*

Congratulations to school nurse Judy Keown, RN of Bluebonnet Elementary in Lewisville ISD. Ms. Keown received the Golden Apple Award from the Lewisville ISD Board for her dedication to students and success in health education programming. This is in addition to her 2003 *Award for*



Kathy Colgrove

Excellence in Texas School Health for the Healthy Care Bears Week program! Congratulations to both Liana Tasset, RN, district nurse in Red Oak ISD, and Kathy Colgrove, RN, MS, a faculty member of the TVCC Health Science Center. Both are among the 100 Great Nurses in the Dallas/Fort Worth region for 2003 named by the *Nurses Lounge* publication as a result of nominations sent in by their colleagues and peers. Ms. Tasset and Ms. Colgrove also found time to attend a workshop to become TDH-certified spinal screening trainers last spring!



Lianna Tasset

Mark Your Calendar:

September

HOME & SPORTS EYE SAFETY MONTH
CHILDREN'S GOOD MANNERS MONTH
NATIONAL SCHOOL SUCCESS MONTH
NATIONAL 5-A-DAY WEEK (21-27)
GRANDPARENTS' DAY (7)
TAKE A LOVED ONE TO THE DOCTOR DAY (16)
FAMILY HEALTH & FITNESS DAY (27)

October

HALLOWEEN SAFETY MONTH
HEALTHY LUNG MONTH
NATIONAL SPINAL HEALTH MONTH
NATIONAL SCHOOL LUNCH WEEK (13-17)
NATIONAL HEALTH EDUCATION WEEK (20-26)
NATION CHILD HEALTH DAY (6)
WORLD FOOD DAY (16)

November

NATIONAL AMERICAN INDIAN AND
ALASKA NATIVE HERITAGE MONTH
DIABETIC EYE DISEASE MONTH
AMERICAN DIABETES MONTH
GREAT AMERICAN SMOKEOUT (20)
THANKSGIVING (27)



December

NATIONAL HAND WASHING AWARENESS WEEK
NATIONAL DRUNK AND DRUGGED DRIVING (3D) PREVENTION MONTH
SAFE TOYS & GIFTS MONTH

Upcoming Conferences

**PEDI 911 - Common Pediatric
Emergencies Conference**
San Antonio, Texas - September 19-20, 2003
Info: Baptist Health System: 210.297.8632

**American School Health Association
Conference**
"School Health Beyond the Borders"
El Paso, Texas - October 15-18, 2003
Info: www.ashaweb.org

**Learning Disabilities Association
of Texas**
39th Annual Conference
Austin, Texas - October 29 - November 1, 2003
Info: 1.800.604.7500 or LDATexas@cs.com

**Texas School Health Association
Conference**
"School Health: It's Everyone's Business"
Austin, Texas - January 23-24, 2004
Info: www.ati.swt.edu/tsha